

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18450

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>FAYETTE</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY OR TOWN <u>WAUKENDA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEE HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>0170</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>C.</u>		c. (Last) <u>HUSTEDDE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>May 9, 1873</u>	
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Hustedde</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie General</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Eugene Hustedde</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Eugene Hustedde</u>		ADDRESS <u>Fayette Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nervous</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-16</u> , 19 <u>55</u> , to <u>June 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>55</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. J. Shaw</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fayette Mo.</u>		23c. DATE SIGNED <u>6-23-55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 23 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>All Saints</u>		24d. LOCATION (City, town, or county) (State) <u>West Glasgow Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-23-55</u>		REGISTRAR'S SIGNATURE <u>Mary H. Shell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>430 Audsley</u>		ADDRESS <u>Freemont Glasgow Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed

W. J. Green

Licensed Embalmer No. 39

P. O. Address *Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.